



STUDY OF THE UNITED STATES INSTITUTES
SECONDARY EDUCATOR
APPLICATION

A. Title of Institute

Choose an item.

B. Applicant's Full Name, exactly as it appears on candidate's passport

Prefix: Choose an item.
Last Name: Click here to enter text.
First Name: Click here to enter text.
Middle Name: Click here to enter text.

C. Gender

Choose an item.

D. Date of Birth

Click here to enter a date.

E. Birth City

Click here to enter text.

F. Birth Country

Click here to enter text.

G. Citizenship

Primary: Click here to enter text.
Secondary (if applicable): Click here to enter text.

H. Residency

Click here to enter text.

I. Medical, Physical, Dietary or other Personal Considerations

Disability: Choose an item.

Please describe any pre-existing medical condition, including any prescription medication the candidates may be taking, allergies, or other dietary or personal consideration.

This will not affect candidate selection, but will enable the host institution to make any necessary accommodations.

Type text here.

J. Candidate contact information

Address:	Click here to enter text.
(No. P.O. BOX):	Click here to enter text.
City:	Click here to enter text.
Home State / Province:	Click here to enter text.
Postal Code:	Click here to enter text.
Home Country Name:	Click here to enter text.
Email:	Click here to enter text.
Phone:	Click here to enter text.
Emergency Contact:	Click here to enter text.
Relationship:	Click here to enter text.
Phone:	Click here to enter text.
Email:	Click here to enter text.

K. Current Position, Title, Institution

Primary position: ☐ Public Secondary School Teacher ☐ Teacher Trainer
☐ Private Secondary School Teacher ☐ Textbook Writer
☐ National Curriculum/Exam ☐ Other

Title: [Click here to enter text.](#)

Organization Name: [Click here to enter text.](#)

Organization Country: [Click here to enter text.](#)

L. Work Experience, including previous position and titles

[illegible]

M. Education, Academic and Professional Training

Please list all earned degrees and all current teacher qualifications you have such as certificates, licensures beginning with the most recent. Degrees and teacher qualifications listed should reflect the closest United States equivalent.

[illegible]

Additional professional training:

N. Active Professional Memberships

Active professional memberships are defined as independent of current professional responsibilities. These should not include university committee work or other professional duties directly related to current employment.

[illegible]

O. Publications Related to the Institute Theme (up to 10)

Please list all foreign titles in English, including whether book, chapter, journal article, newspaper article, web article, etc.

Publication type	Year	Title Publisher
Choose an item.	Click here to enter a date.	Click here to enter text.
Choose an item.	Click here to enter a date.	Click here to enter text.
Choose an item.	Click here to enter a date.	Click here to enter text.
Choose an item.	Click here to enter a date.	Click here to enter text.
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Choose an item.	Click here to enter a date.	Click here to enter text.
Choose an item.	Click here to enter a date.	Click here to enter text.
Choose an item.	Click here to enter a date.	Click here to enter text.

P. Previous Experience in the United States

Have you traveled to the U.S. before: Choose an item.

If yes:

Purpose	From	To	Description
Choose an item.	Click here to enter a date.	Click here to enter a date.	Click here to enter text.
Choose an item.	Click here to enter a date.	Click here to enter a date.	Click here to enter text.
Choose an item.	Click here to enter a date.	Click here to enter a date.	Click here to enter text.

Q. Family/Friends Residing in the United States

Do you have close family residing in the US? ☐ YES ☐ NO

If yes, please fill out the following section; If no, please write 'None.'

Note: Having close family residing in the U.S. will not affect candidate's nomination.

* Please include city and state (Example: John Doe – Chicago, IL)

Type text here.

R. Evidence of English Fluency

Type text here.

S. Professional Responsibilities

Please discuss your professional responsibilities in greater detail, including research interests, administrative responsibilities (ex. curriculum design), and/or other pertinent information.

Type text here.

Current Courses Taught:

Course title	Level of Students	Classroom Hours / Semester	# of Students	US Studies Content (%)
Click here to enter text.	Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Choose an item.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Current Extra-Curricular/Co-Curricular Activities Leadership:

Activity	Position/Title	From	To	Description of Duties
Click here to enter text.	Choose an item.	Click here to enter a date.	Click here to enter a date.	Click here to enter text.
Click here to enter text.	Choose an item.	Click here to enter a date.	Click here to enter a date.	Click here to enter text.
Click here to enter text.	Choose an item.	Click here to enter a date.	Click here to enter a date.	Click here to enter text.
Click here to enter text.	Choose an item.	Click here to enter a date.	Click here to enter a date.	Click here to enter text.

Other Potential Outcomes:

Please select any likely potential professional outcomes of this program.

- | | |
|--|--|
| <input type="checkbox"/> Update Existing Course | <input type="checkbox"/> Create New Course |
| <input type="checkbox"/> Create New Degree Program | <input type="checkbox"/> School Curriculum Redesign |
| <input type="checkbox"/> National Curriculum Redesign | <input type="checkbox"/> New Research Project |
| <input type="checkbox"/> New Publication | <input type="checkbox"/> Professional Promotion |
| <input type="checkbox"/> Government or Ministry Policy | <input type="checkbox"/> New Professional Organization |
| <input type="checkbox"/> New Institutional Linkages | <input type="checkbox"/> Raise Institutional Profile |

T. Personal Essay (Limit to 250 words)

Please discuss why you wish to participate in this program. Include your current personal teaching philosophy, how your participation in the institute will enhance your work, improve education about the United States in your community, and help you achieve the “Other Potential Outcome” you have checked above.

Type text here.

FOR U.S. EMBASSY MANILA – PUBLIC AFFAIRS SECTION

U. Statement by Commission/Post justifying participation of nominee in the Institute

(Limit to 250 words each)

- (1) Please discuss why this candidate has been nominated above all other candidates, and how this candidate's participation fits into the Post's current efforts to promote a greater understanding of the United States.

Type text here.

- (2) Please discuss how the nominee's participation is relevant to the Post's Mission Goals, and what sort of on-going collaboration the Post anticipates having with either the nominee or his/her institution in the future.

Type text here.

U. Post or Commission Action Officer

The person whom ECA-A-E-USS should contact with all inquiries about the nomination.

Post/Commission: [Click here to enter text.](#)

Post Country: [Click here to enter text.](#)

Region: [Choose an item.](#)

Post Contact Name: [Click here to enter text.](#)

Post Contact Email: [Click here to enter text.](#)

Secondary Post Contact Name: [Click here to enter text.](#)

Secondary Post Contact Email: [Click here to enter text.](#)